



Department of Corrections
ADMINISTRATIVE BULLETIN

**Subject: COPAYMENT PROGRAM
PROCEDURES FOR INMATE-
INMATE-INITIATED HEALTH
CARE VISITS**

Number:

94/11

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The purpose of this Administrative Bulletin is to establish procedures necessary for the successful implementation of the Copayment Program within the California Department of Corrections (CDC). All facilities, camps, and Community Correctional Facilities (CCFs) shall implement this program on November 1, 1994. An implementation date and procedures for implementing the program with Community Correctional Reentry Centers will be provided at a later date. A video and a sign are being developed to inform inmates of this change in the law and its impact on them. It is anticipated that these informational tools will be available by November 1, 1994. Upon receipt, post the signs in various clear and conspicuous locations, especially at the clinic windows and infirmary areas.

BACKGROUND

The Copayment Program is the result of Assembly Bill 113 (Andal), Chapter 145, Statutes of 1994. Emergency regulations to implement this program were filed with the Office of Administrative Law and were effective on September 21, 1994. The statute and the regulations authorize the Director to charge a fee for each inmate-initiated health care visit, except under specified circumstances.

The fee is to be charged to the inmate's trust fund. However, all inmates will continue to be provided the opportunity to request and receive health care services regardless of their ability to pay the fee. It is the responsibility of the health care staff to provide health care services to all inmates and determine whether the copayment should be charged. The Trust Office is responsible for charging the inmate's trust account.

A new universal CDC Form 7362, Health Care Services Request, will be available in all facilities, camps, and CCFs for inmates to request health care. The bottom portion of the form is designed to capture necessary information to identify the exclusions from the copayment. The CDC Form 7362 is a multiple copy form utilizing no carbon required paper (NCR) paper. (See Attachment 1.)

ACCESS TO CARE

All inmates, including those in segregation, shall be provided the opportunity to report an illness, injury, or any other problem whenever a problem occurs.

All requests for health care services shall be assessed by health care staff to determine the priority of the complaint. Appointments for clinic care shall be scheduled based on this priority.



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Medically necessary treatment, including follow-up services, shall be provided by licensed health care staff without regard to the inmate's ability to pay for the health care services that are provided.

COPAYMENT PROGRAM

In accordance with Title 15, Division 3, of the California Code of Regulations (CCR), inmates shall be charged a fee of \$5.00 for each inmate-initiated health care visit.

The copayment shall not be charged if the health care service is considered to be: an emergency; a diagnosis or treatment of communicable disease conditions; mental health services; a follow-up health care service; a health care service necessary to comply with State law or regulations; a reception center health screening and evaluation; or any inpatient services, extended care, or skilled nursing services.

REQUESTS FOR HEALTH CARE SERVICES

The CDC Form 7362 shall be readily available and accessible to all inmates to report an illness, injury, or other health problem.

The CDC Form 7362 shall not be modified.

Requests for health care services that are delivered to health care staff by any means, including those that are not submitted on the CDC Form 7362, must be reviewed by health care staff. The Health Care Manager (HCM) shall establish procedures to ensure that the receipt and disposition of all requests is tracked and that the confidentiality of all requests is not violated.

If staff become aware, by any means, that an inmate needs immediate health care services, they shall contact health care staff for direction.

The CDC Form 7362 is necessary for administratively tracking a request for health care service and whether the copayment applies and must be completed for each health care services visit.

If the inmate who is verbally requesting health care cannot or refuses to complete a CDC Form 7362, health care staff shall complete a CDC Form 7362 on behalf of the inmate, reporting the complaint and documenting on the form the reason the inmate did not personally complete the form. The CDC Form 7362 must be signed and dated by the health care member receiving the request.



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If a form or any other document other than a CDC Form 7362 is used to request health care services, health care staff shall attach the original copy of the document that was received to request the services to a completed CDC Form 7362. The CDC Form 7362 shall be completed by health care staff with enough information to enable the Inmate Trust Office to identify the inmate and to process the charge. The CDC Form 7362 shall be provided to the treating clinician to review for copayment purposes. The original request shall be maintained with the original copy of the CDC Form 7362 when the copies are distributed (see instructions under Copayment Information).

All requests for health services shall have the date and approximate time of receipt in health services recorded on each page of the CDC Form 7362.

REVIEW OF REQUESTS

Health care staff shall review all requests for services to determine if the inmate needs to be seen immediately or needs to be scheduled for an appointment.

ADMINISTRATIVE SEGREGATION SEGREGATED HOUSING UNIT

The CDC Form 7362 must be available in nongeneral population housing units to enable these inmates to report their health problems. All requests from these inmates shall be reviewed by health care staff to assess the inmate's condition and to provide the necessary treatment.

EMERGENCY CARE

Nothing in this bulletin is intended to change established emergency procedures.

HEALTH RECORD RETRIEVAL

The health record shall be retrieved and made available for review by health care staff before the inmate is seen for a routine appointment. Attempts should be made to retrieve the health record for urgent and emergency cases.

DOCUMENTATION BY A PHYSICIAN, DENTIST, OR MENTAL HEALTH CLINICIAN

All clinicians, including physicians, dentists, and mental health clinicians shall diagnose and treat the inmate as determined to be medically necessary.



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The treating clinician shall provide documentation in the health record on the appropriate form, i.e., progress notes, consultation or treatment forms, that supports the determination as to whether the copayment is waived and that provides information for health care staff in other facilities to continue services covered by the initial copayment (e.g., follow-up appointments.)

CAMPS

Procedures outlined in this bulletin apply to camp inmates who request health care services whether the services are provided at the hub facility or at a contracted health care facility. Requests for health care services shall continue to be processed utilizing existing procedures. The CDC Form 7362 may be completed by either the inmate or health care staff as described herein.

For copayment purposes, documentation and/or invoices received from the contracted health care facility shall be reviewed by health care staff upon receipt to determine if the visit is subject to the copayment.

COMMUNITY CORRECTIONAL FACILITIES

When an inmate within a CCF requests health care services, the CCF health care staff shall evaluate the inmate's complaint and a CDC Form 7362 shall be completed by either the inmate or health care staff. The health care staff at the facility will be responsible for determining if the health care visit is chargeable, in accordance with procedures in this bulletin, regardless of where the inmate is evaluated for potential treatment. The CCF health care staff shall complete the CDC Form 7362 and forward the Trust Office copy to the facility account clerk if the copayment is to be charged. The facility health care staff shall establish and maintain a separate file for the purpose of filing the original copy of the CDC Form 7362.

The account clerk shall use the CDC Form 7362 as the authority to charge the inmate's trust account. The account clerk will only receive those forms that indicate that the copayment will be charged to the inmate's trust account (only Box 7 on the CDC Form 7362 is checked). The account clerk is responsible for determining whether there are funds in the inmate's trust account and for processing. The account clerk shall place a 30-day hold on the inmate's trust account when adequate funds are not available. The account clerk will also be responsible for reviewing the holds at the end of the 30-day period and collect any funds available and clear the hold. When determining whether to collect the copayment from an inmate's trust account when other holds are also placed on the trust account, the account clerk shall prioritize the hold for the copayment so that collection will be made for it over all other holds on the trust account.



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COPAYMENT INFORMATION

The treating clinician shall review the bottom portion of the CDC Form 7362 to determine whether any conditions were present which would indicate that the copayment should be waived pursuant to the regulations. (See criteria listed below.)

If any of the Boxes 1 through 6 on the CDC Form 7362 are checked, the inmate is not to be charged for the health care visit. Health care staff shall keep the original copy of the form in a file specifically designated for the requests. Health care staff shall forward the appropriate copy to the inmate. **The copy designated for the Inmate Trust Office is not sent if there is no charge.**

If none of the exemptions apply, the copayment will be charged for the health care visit and Box 7 on the form is checked. Health care staff shall keep the original copy of the form in a file specifically designated for the requests. Health care staff shall forward the appropriate copy of the form to both the Trust Office and the inmate.

CRITERIA FOR DETERMINING IF A COPAYMENT IS TO BE CHARGED

Each inmate-initiated request for health care services is subject to a \$5.00 copayment, except as provided below. Inmate-initiated includes when an inmate sought health care services by completing and forwarding a request; when an inmate requested staff to assist them to get health care services; when an inmate reported to any health care staff member for consultation and/or treatment without having first been contacted or scheduled by health care staff; and when requests are made on behalf of the inmate by those persons representing the interests of the inmate. All requests made on behalf of the inmate are considered inmate-initiated and are subject to the copayment.

According to the regulations, an inmate-initiated health care service is subject to the copayment and inmates shall be charged a fee for each inmate-initiated health care visit. Therefore, if an inmate indicates that they have more than one health problem, and those health problems result in appointments with more than one clinician (e.g., dentist and an optometrist), each initial visit with each clinician is subject to the copayment. Each treating clinician shall receive a copy of the original request attached to a CDC Form 7362. The copy of the original request shall be maintained with the original copy of the CDC Form 7362 when the copies are distributed (see instructions under Copayment Information). The inmate shall receive a copy of each CDC Form 7362.



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Pursuant to the regulations, the copayment for any inmate-initiated health care visit "covers the evaluation, assessment, and medically necessary treatment, including follow-up services that relate to the initial condition and which are determined by health care staff to be necessary."

The copayment also includes laboratory work, medically necessary prescriptions, and referrals, including referrals to specialists.

Physicians and dentists are responsible for indicating the duration of the prescription on prescription orders. Requests to refill these prescriptions should not result in an appointment unless the need for an appointment is indicated by physician or dentist as part of the order. Refills, renewals, or follow-up appointments that require further evaluation are not subject to the copayment. The appropriate copy of the CDC Form 7362 shall be forwarded to the Pharmacy to facilitate the refill or need for renewal.

Upon receipt of the form, the Pharmacy staff shall review the inmate's medication profile to determine if the prescription can be refilled, or if a renewal is indicated. Pharmacy staff shall annotate on the copy of the form whether the prescription was refilled or a renewal is necessary, and return the form to the clinic or infirmary where it originated.

If the prescription requires a renewal, the Pharmacy staff shall also indicate the name of the expired medication. When this information is received at the clinic or infirmary, health care staff shall schedule the inmate to be seen. The CDC Form 7362 that was originally completed shall continue to be used for this purpose. (See instructions under Follow-up Health Care Services.)

Health care staff shall record information regarding the disposition of the pharmacy request in the health records notes. The copy of the CDC Form 7362 returned from the Pharmacy with the appropriate notations shall be filed in the file specifically designated for the request along with the original copy of the CDC Form 7362.

The copayment will not be charged for "no-shows." Staff shall follow established procedures, including disciplinary actions, when an inmate does not report as scheduled for their health care visit.

DENTAL SERVICES

A copayment for dental services will be charged for each visit unless it is determined to be an emergency or a follow-up dental visit as described below.



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EMERGENCIES

A copayment will not be charged if the health care service is the result of an emergency.

Emergencies are defined in the regulations as any medical or dental condition for which evaluation and therapy, as determined by health care staff, are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen objectively apparent and disabling pain. Signs of objectively apparent and disabling pain may include, but are not limited to, visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever, and facial swelling.

Emergency also includes, as determined by health care staff, necessary crisis intervention for inmates suffering from situational crises or acute episodes of mental illness.

Dental emergencies such as facial fractures and uncontrolled bleeding are not subject to the \$5.00 copayment.

In order for the copayment to be waived under this category, the emergency must meet the criteria described in the definition of emergency above. If the health care encounter fits the definition of emergency, Box 1 on the bottom of the CDC Form 7362 must be checked.

COMMUNICABLE DISEASE CONDITIONS

Pursuant to the regulations, a copayment will not be charged if the health care service is related to the diagnosis or treatment of communicable disease conditions.

In order for the copayment to be waived under this category, the diagnosis of a disease listed in Title 17, Chapter 4, Subchapter 1, Section 2500 of the CCR (see Attachment 2), or human immunodeficiency virus (HIV) and/or acquired immune deficiency syndrome (AIDS), must be present, either from a previous health services encounter or as part of the current encounter for which the determination is being made to charge.

There is no charge for any treatment associated with the disease that is determined to be medically necessary by the physician, including follow-up visits. Health care staff should follow established treatment procedures, guidelines, or control plans in accordance with CDC's guidelines for bloodborne and airborne pathogens.



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If there is a diagnosis of a communicable disease condition, Box 2 on the bottom of the CDC Form 7362 must be checked.

MENTAL HEALTH TREATMENT

Requests for mental health services shall not be charged.

If the request was for mental health services, Box #3 on the bottom of CDC Form 7362 must be checked.

FOLLOW UP HEALTH CARE SERVICES

As provided in the regulations, "a copayment will not be charged if the health care service is a follow-up." A follow up is defined as any request or recommendation by a member of the health care staff to provide subsequent health care services related to the initial condition. Included in follow-up appointments are regularly scheduled appointments for chronic conditions as determined to be necessary by health care staff and appointments for prescription renewals whether the prescription is continued or not. However, if it is determined by the treating clinician that the inmate's request for renewal is not related to the initial condition for which the medication was prescribed, the health care service shall be treated as a new request, and is chargeable unless other exceptions or criteria are met.

If the inmate sought health care services prior to their scheduled follow-up appointment for a health problem that is not related to the initial condition, the health care service shall be treated as a new request, and is chargeable unless other exemptions or criteria are satisfied. However, if the request does relate to the initial condition, the health care service is not chargeable.

If the health care service is a follow-up appointment, Box 4 on the bottom of the CDC Form 7362 must be checked.

HEALTH CARE SERVICE NECESSARY TO COMPLY WITH STATE LAW OR REGULATIONS

Pursuant to the regulations, "a copayment will not be charged if the health care service is a required service which includes, but is not limited to, annual testing for tuberculosis." Medical clearance for food handling, staff referrals for work related injuries, camp clearances, work furloughs, and evaluations following incidents are not chargeable.



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If the health care service is provided in order to comply with State law or regulations, Box 5 on the bottom of the CDC Form 7362 must be checked.

RECEPTION CENTER HEALTH SCREENING AND EVALUATION

Pursuant to the regulations, the copayment shall be waived for reception center screening and evaluation.

Any laboratory work, referrals, medically necessary prescriptions, and follow up appointments, as determined by health care staff, shall not be charged as long as the diagnostic services and treatments are needed to stabilize or care for conditions identified in the screening and evaluation process.

Inmates will receive a dental examination at reception centers that will result in a dental classification (1-5 that is currently addressed in the Department Operations Manual [DOM] subsection 54050.10) that will not be subject to the \$5.00 copayment. Subsequent dental services provided at the reception center that are not dental emergencies are subject to the \$5.00 copayment. (Refer to Dental Services.)

Inmate-initiated requests for health care services at reception centers are subject to the \$5.00 copayment unless otherwise exempted.

If the health care service is related to or is a result of the reception center health screening and evaluation, Box 6 on the bottom of the CDC Form 7362 must be checked.

INPATIENT SERVICES

As provided in the regulations, "a copayment will not be charged if the health care service is related to inpatient services." Inmates who require inpatient services and related follow-up care for medical conditions, including hospitalization, are not charged for those services. This includes, but is not limited to, extended care (e.g, hospice) and skilled nursing services.

Inpatient services are not subject to the copayment because these services are included as part of the treatment determined by the clinician to be medically necessary. For this reason, the CDC Form 7362 used to document whether the copayment is exempt does not include the inpatient care category.



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TRUST OFFICE

Trust Office staff shall use CDC Form 7362 as the authority to charge the inmate's trust account. The Trust Office will only receive those forms that indicate that the copayment should be charged to the inmate's trust account (only Box 7 on the CDC Form 7362 is checked). The Trust Office is responsible for determining whether there are funds in the inmate's trust account and for processing. Trust Office staff shall place a 30-day hold on the inmate's trust account when adequate funds are not available. The Trust Office will also be responsible for reviewing the holds at the end of the 30-day period and collect any funds available and clear the hold. When determining whether to collect the copayment from an inmate's trust account when other holds are also placed on the trust account, Trust Office staff shall prioritize the hold for the copayment so that collection will be made for it over all other holds on the trust account. Detailed trust accounting procedures will be provided to Trust Offices by October 24, 1994.

An evaluation of the process established by this Administrative Bulletin will be conducted within six months from the date of implementation. Appropriate modifications will be made to the process before it is incorporated into DOM and we encourage your input regarding how the process can be improved.

Please inform all persons concerned of the contents of this bulletin which shall remain in effect until incorporated into the appropriate sections of DOM Volume IX, currently being developed. Direct any questions regarding this bulletin to Shirley Opie, Staff Services Manager, Health Policy, Health Care Services Division, at (916) 323-0604 or CALNET 473-0604.

R. H. DENNINGER
Chief Deputy Director

Attachments